

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42291

9267

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hos'p.				d. STREET ADDRESS (If rural, give location) 7044 Kingsbury			
3. NAME OF DECEASED (Type or Print) a. (First) NAT-		b. (Middle) J.		c. (Last) GOODMAN		4. DATE OF DEATH (Month) (Day) (Year) 10 30 1950	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 7 1870	
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY Knit Goods		11. BIRTHPLACE (State or foreign country) Evansville Ind.		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Knit Goods		11. BIRTHPLACE (State or foreign country) Evansville Ind.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Joseph Goodman		13b. MOTHER'S MAIDEN NAME Barbara Frank		14. NAME OF HUSBAND OR WIFE Stella M. Goodman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Courtney Goodman ADDRESS 7044 Kingsbury			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Cardiac - renal - vascular ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Arteriosclerosis - generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6/15/49+ 6/15/49 6/15/49+	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car		22. I hereby certify that I attended the deceased from 6/15 1949 , to 10/30 1950 , that I last saw the deceased alive on 10/30 1950 , and that death occurred at 12:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Walter M. Moore (Degree or title) M.D.		23b. ADDRESS 6376 Clay Ln Road		23c. DATE SIGNED 10/31/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/2/50		24c. NAME OF CEMETERY OR CREMATORY Rose Hill		24d. LOCATION (City, town, or county) (State) Evansville Ind.	
DATE REC'D BY LOCAL REG. NOV 1 1950		REGISTRAR'S SIGNATURE J. B. Blanton		25. FUNERAL DIRECTOR'S SIGNATURE Wagner ADDRESS 4356 Lindell Blvd			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 18 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No.

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. 6699

P. O. Address St Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.